

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: **John Shanklin, et al.**  
Application No.: **10/822,370** Examiner: **T. Saidha**  
Filing Date: **April 12, 2004** Art Unit: **1652**  
Confirmation No.: **2864** Attorney Docket No.: **BSA 04-11**  
Title: **MUTANT FATTY ACID DESATURASE AND METHODS  
FOR DIRECTED MUTAGENESIS**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**FILING FEE CORRECTION**

On the date of filing, the Applicant noted that the following amount was to be charged to Deposit Account 02-3977:

Utility Filing Fee	\$385
53 total claims (33 excess X \$9)	\$297
8 Independent Claims (5 excess X \$43)	\$215
<u>Multiple Dependent Claim(s)</u>	<u>\$140</u>
Total	\$1,037

It has come to our attention that this was calculated incorrectly. The correct calculation follows.

**Correct calculation based on application as filed:**

Utility Filing Fee	\$385
62 total claims (42 excess X \$9)	\$378
8 Independent Claims (5 excess X \$43)	\$215
<u>Multiple Dependent Claim(s)</u>	<u>\$145</u>
Total	\$1,123

**Amount charged to Deposit Account 02-3977 by The Office on 4/24/2004: \$899.00**

**Deficiency owed: \$224**

The practitioner hereby avers that Applicant's payment errors were made without deceptive intent and request their excusal.

Please charge the amount of \$224.00 to Deposit Account 023977. If any additional fees are due or any overpayment has been made, please charge or credit Deposit Account No. 02-3977 for such sum.

*April 13, 2004*

Registration No.:45,772

Telephone No.:(631) 344-7134

*Christine L. Brakel*

Signature of Practitioner

Christine L. Brakel

(Type Name of Practitioner)

Brookhaven National Laboratory  
Office of Intellectual Property & Sponsored  
Research  
PO Box 5000  
Upton, New York 11973-5000

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

04/14/2004 YPOLITE1 00000017 023977 10822370

01 FC:2001 385.00 DA  
02 FC:2202 369.00 DA  
03 FC:2203 145.00 DA

899.00

PTO-1556  
(5/87)

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2003

Application or Docket Number

10822370

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	59	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	61 minus 20=	* 41
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	Fee
BASIC FEE	385.00
XS 9=	364
X43=	
+145=	145
TOTAL	899

RATE	Fee
BASIC FEE	770.00
XS18=	
X86=	
+290=	
OR TOTAL	

OTHER THAN  
SMALL ENTITY

AMENDMENT B	SMALL ENTITY	OTHER THAN SMALL ENTITY
	RATE	ADDITIONAL FEE
Total	X\$ 9=	
Independent	X43=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+145=	
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

AMENDMENT B	SMALL ENTITY	OTHER THAN SMALL ENTITY
	RATE	ADDITIONAL FEE
Total	X\$18=	
Independent	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+290=	
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

AMENDMENT C	SMALL ENTITY	OTHER THAN SMALL ENTITY
	RATE	ADDITIONAL FEE
Total	X\$ 9=	
Independent	X43=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+145=	
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

AMENDMENT C	SMALL ENTITY	OTHER THAN SMALL ENTITY
	RATE	ADDITIONAL FEE
Total	X\$18=	
Independent	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+290=	
	TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10822370

FILING DATE

4/12/04

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
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36	/					
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38	/					
39	/					
40	/					
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44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

NO.	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53	/					
54						
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60						
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97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	59					
TOTAL CLAIMS	61					

**Index of Claims**

**Application/Control No.**
**10/822,370**
**Applicant(s)/Patent under Reexamination**
**SHANKLIN ET AL.**
**Examiner**
**Art Unit**
**Tekchand Saidha**
**1652**

<input checked="" type="checkbox"/>	<b>Rejected</b>
=	<b>Allowed</b>

<input type="checkbox"/>	<b>(Through numeral) Cancelled</b>
÷	<b>Restricted</b>

<input type="checkbox"/>	<b>N Non-Elected</b>
I	<b>Interference</b>

<input type="checkbox"/>	<b>A Appeal</b>
O	<b>Objected</b>

Claim	Date	
Final	Original	10/23/06
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11	O	
12	O	
13	O	
14	O	
15	O	
16	O	
17	O	
18	N	
19	N	
20	N	
21	N	
22	N	
23	N	
24	N	
25	N	
26	N	
27	N	
28	N	
29	N	
30	N	
31	N	
32	N	
33	N	
34	N	
35	N	
36	N	
37	N	
38	N	
39	N	
40	N	
41	N	
42	N	
43	N	
44	N	
45	N	
46	N	
47	N	
48	N	
49	N	
50	N	

Claim	Date	
Final	Original	10/23/06
51	N	
52	N	
53	N	
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Claim	Date	
Final	Original	
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